

PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

NAME: **Randy Russell**
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Priority Processing

☐ ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO.	CERT. NO. G3-26807C	CERT. OF CHANGE NO(S)
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SPOKANE COUNTY

WRIA

56

WRTS No. **CG3-26807C**
 ID No. **5683961**

Superseding Doc. ID No. _____

PURPOSE OF APPLICATION: Add a point of withdrawal & change the place of use

Date Application received: April 2, 2013

Statement of additional fee sent: _____ Amount: \$ _____ Date fee received: _____

Returned for completion or correction: _____ Received: _____

☐ Application mapped by: _____ date: _____

PUBLICATION:

Newspaper: **Cheney Free Press**

OK'd by: RT

Date Affidavit received: 4-26-2013

Checked by: RT

☐ Protests: _____

Rejected 7-22-2013

Date Notice Sent 4-3-2013

Time expires: 5-25-2013

Date: 4-30-2013

☐ Fee rcvd _____

SEPA REQUIRED

NO - EXEMPT

FIELD Examination by: _____ date: _____

☐ ROE map checked by: _____ date: _____

DATE CHANGE ROE ISSUED: _____ ☐ Approved ☐ Denied

DEVELOPMENT SCHEDULE:

BC due: _____ BC rcvd: _____ ext: _____

CC due: _____ CC rcvd: _____ ext: _____

PA due: _____ PA rcvd: _____ ext: _____

PA FIELD EXAMINATION REQUIRED – DATE: _____ **BY:** _____

Change/Transfer to be processed by County Water Conservancy Board

ROD received:	45 day review period ends:	Review Period Extended to:	Ecy Decision Mailed:
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DATE SUPERSEDING DOCUMENT ISSUED: _____

Interested Parties List on reverse side

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

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Assignment approved: _____

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Phone #: _____

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Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

INTERESTED PARTIES	CONTACT METHOD	By	DATE
WA Dept. of Health	RSS Feed		
Spokane County Health	RSS Feed		
Tri-County Economic Development District	RSS Feed		
Dept of Archeology & Historic Preservation	RSS Feed		